

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street)

1445 New York Avenue NW

Ste 800

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 2

0 1

2 0 0 9

through

1 2

3 1

2 0 0 9

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven J. Debnar

Signature of Treasurer

Electronically Filed by Steven J. Debnar

Date

0 1

2 8

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 18

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M M
1 2D D
0 1Y Y Y Y
2 0 0 9

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		247678.13
(b) Cash on Hand at Beginning of Reporting Period	261385.09	
(c) Total Receipts (from Line 19)	12191.00	312468.93
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	273576.09	560147.06
7. Total Disbursements (from Line 31)	-398.06	286172.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	273974.15	273974.15
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	9266.00	256830.51
(ii) Unitemized	2925.00	55638.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12191.00	312468.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12191.00	312468.93
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12191.00	312468.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12191.00	312468.93

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	351.94	5421.91	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	351.94	5421.91	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1000.00	280500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	250.00	251.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	250.00	251.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	-398.06	286172.91	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-398.06	286172.91	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12191.00	312468.93
34. Total Contribution Refunds (from Line 28(d))	250.00	251.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11941.00	312217.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	351.94	5421.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	351.94	5421.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Bonnie L. Barsky

Mailing Address 990 Forest Avenue

City

Glencoe

State

IL

Zip Code

60022-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 327E3151AD4D454284F

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Brian P. Biernat

Mailing Address 1087 Lincoln Road

City

Columbus

State

OH

Zip Code

43212-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Surgical Derma-
tology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 65DE4A6D0D10793E22D

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gerald Neil Bock

Mailing Address Suite C
1617 Saint Marks Plaza

City

Stockton

State

CA

Zip Code

95207-6423

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Skin Laser Cen-
ter

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: EF92225A490C9179F5E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Leyda Elizabeth Bowes-Manstein

Mailing Address Apt. A1908

1865 Brickell Avenue

City

Miami

State

FL

Zip Code

33129-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowes Dermatology Group

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: F67E109374E174C4662

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Henry W. Clever

Mailing Address 375 Jungs Station Road

City

Saint Charles

State

MO

Zip Code

63303-6253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 27551A12028EA8134DC

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Raymond L. Cornelison, Jr.

Mailing Address 1716 Elmhurst Avenue

City

Nichols Hills

State

OK

Zip Code

73120-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Oklahoma

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: B43B993F4FD09EEF572

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Dover

Mailing Address 169 Franklin Street

City

Newton

State

MA

Zip Code

02458-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer
SkinCare Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: D5F29958365EDA28A08

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Van Fletcher

Mailing Address Department of Dermatology
13652 Cantara Street

City

Panorama City

State

CA

Zip Code

91402-5423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Health Plan

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 9DEEF8B4412F6198ED9

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

David J. Goldberg

Mailing Address New York and New Jersey
Room 710

City

New York

State

NY

Zip Code

10022-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Laser & Surgery Spec-
ialists of NJ

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 585F5F4569D731B4104

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Dean R. Goodless

Mailing Address PO Box 470396

City

Celebration

State

FL

Zip Code

34747-0396

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 73D3E9467B7150B418D

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Barbara Greenan

Mailing Address Suite 870
1350 I Street Northwest

City

Washington

State

DC

Zip Code

20005-3387

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Derma-
tology

Occupation
Association Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 80A1257691FA1701821

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Lisa M. Gruson

Mailing Address 330 E 70th Street

City

New York

State

NY

Zip Code

10021-8634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 6BD876FC9DD75A981F0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Melanie R. Haynes

Mailing Address 9494 Silverthorn Road

City

Largo

State

FL

Zip Code

33777-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Wellness Center

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 8BA5B25EF381EAE2FCC

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Kimberly A. Kolar

Mailing Address 4385 Juniper Trail

City

Reno

State

NV

Zip Code

89519-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: CAAE698C505EC06F5CD

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Aza Lefkowitz

Mailing Address 1347 E 22nd Street

City

Brooklyn

State

NY

Zip Code

11210-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermatology PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 09D56DBC2689E2D2DA0

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Norman A. Lockshin

Mailing Address Suite 309

10313 Georgia Avenue

City

Silver Spring

State

MD

Zip Code

20902-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Derm Associates, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 10D681CDDAC74BDE777

Amount of Each Receipt this Period

251.00

PayPal

B.

Full Name (Last, First, Middle Initial)

Patricia McCormack

Mailing Address 1030 Barnegat Lane

City

Mantoloking

State

NJ

Zip Code

08738-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 55DE27AC5C69CCC2CE3

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Gary J. Rosenmeier

Mailing Address 4276 Woodland Court

City

Jackson

State

WI

Zip Code

53037-9009

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Bend Clinic - East

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: A84DF2B9977D6569B9A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

981.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Darrin A. Rotman

Mailing Address 3109 Medical Way

City

Sebring

State

FL

Zip Code

33870-5548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 667532ED69BF5A688C4

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William S. Sawchuk

Mailing Address 10000 Park Royal Drive

City

Great Falls

State

VA

Zip Code

22066-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 455E9BDA63438F76EEF

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John J. Schmidt

Mailing Address 509 W 17th Street

City

Pueblo

State

CO

Zip Code

81003-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 3EDBBEB4CA3F8EC8B49

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Frank Albert Veltri

Mailing Address Suite 321

1524 Atwood Avenue

City

Johnston

State

RI

Zip Code

02919-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 0E58407AD8D6699D35A

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Schild M. Wikas

Mailing Address Suite C

421 Graham Road

City

Cuyahoga Falls

State

OH

Zip Code

44221-1344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tri County Dermatology In-
c.

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 07D8088FB2037E1BA0A

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Peter Shuford Yount

Mailing Address 2922 Bransford Road

City

Augusta

State

GA

Zip Code

30909-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Augusta Dermatology Assoc-
iates

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 3C92D2DCD4ECD797367

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas C. Yu

Mailing Address 10708 Maplecrest Lane

City

Potomac

State

MD

Zip Code

20854-6364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Center

Occupation

Dermatologist

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	9	

Transaction ID: 21721E25A887B4D8D86

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

9266.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: VB15DC48863E0028E3FA Date of Disbursement <div> <div>12</div> <div>02</div> <div>2009</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Amex Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>125.70</div> <div>001</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V6A899C8F5FD87CC55CF Date of Disbursement <div>12</div> <div>02</div> <div>2009</div> Amount of Each Disbursement this Period <div>30.00</div> <div>001</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VA0DA05A477BFA754C42 Date of Disbursement <div>12</div> <div>02</div> <div>2009</div> Amount of Each Disbursement this Period <div>196.24</div> <div>001</div> Category/ Type
SUBTOTAL of Disbursements This Page (optional)	<div>351.94</div>
TOTAL This Period (last page this line number only)	<div>351.94</div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Wicker for Senate

Mailing Address PO Box 64

City
Jackson

State
MS

Zip Code
39205

Purpose of Disbursement
Voided 2/19/09 Disbursement

Candidate Name
Roger F. Wicker

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS

District:

Transaction ID: 7D7651A91103CA769EA

Date of Disbursement

12 / 07 / 2009

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

-1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Terry P. Hadley

Mailing Address 32 Hugh Cargill Road

City
Concord

State
MA

Zip Code
01742-5605

Purpose of Disbursement
Refund by American Express

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: DDA0402DF580E92C6A5

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00